Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
DES MOINES, IA 50319
Fax: (515)281-4073
www.iowa.gov/ethics

FORM-GB

Gift or Bequest information received by a department or accepted by the Governor on behalf of the state

For office use only
Indexed _____
Audited _____
Checked _____
Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Iowa Medical and Classification Center - Department of Corrections
Name of Department or Office
2700 Coral Ridge Ave. — Coralville, IA
Mailing Address — City, State, Zip Code
319-626-2391
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Gregory Ort, Interim Warden
Name
Same
Mailing Address (if different from above) — City, State, Zip (if different from above)
Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Cedar Valley Community Prison Minstry
Name
3520 Ansborough Ave — Waterloo, IA 50701
Mailing Address — City, State, Zip Code
Area Code & Telephone Number
Email Address (optional)

July 25, 2015 — $7.29
Date of Gift or Bequest — Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Voice of Freedom Newsletters for chapel use

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Dan Craig affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature — 9-17-15 **Date**

Revised 06/08

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Gregory Ort, Interim Warden
Name

Same
Mailing Address (if different from above) — City, State, Zip (if different from above)

Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Brotherhood Prison Ministries
Name

Kalona, IA
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

July 31, 2015 — $175.00
Date of Gift or Bequest — Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Greeting cards for Chapel use

Criteria to use this form:

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Statement of Affirmation:

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Signature

9-12-15
Date

Chapel Donations
(Ethics Disclosure Report)

Date	Items	Donated by / Address	Value
07/30/15	Higher Way X25	Apostolic Faith Church 6615 SE 52 nd Avenue Portland Oregon 97206-7687	?????? free
07/30/15	Victory Magazine August X 12	Kenneth Copland Ministries Fort Worth Texas 76192-0001	?????? free
7/25/2015	Voice of Freedom Newsletter X 40	Cedar Valley Community Church Prison Ministry 3520 Ansborough Ave Waterloo, Iowa 50701	Estimate .10 each postage $ 3.29
7/31/2015	Greeting Cards X 3500	B.P.M.	$175.00

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319-626-2391
Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Gregory Ort, Interim Warden
Name

Same
Mailing Address (if different from above) — City, State, Zip (if different from above)

Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Offender Howard's Family
Name

Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

August 20, 2015 — $4.00
Date of Gift or Bequest — Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

DVD

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

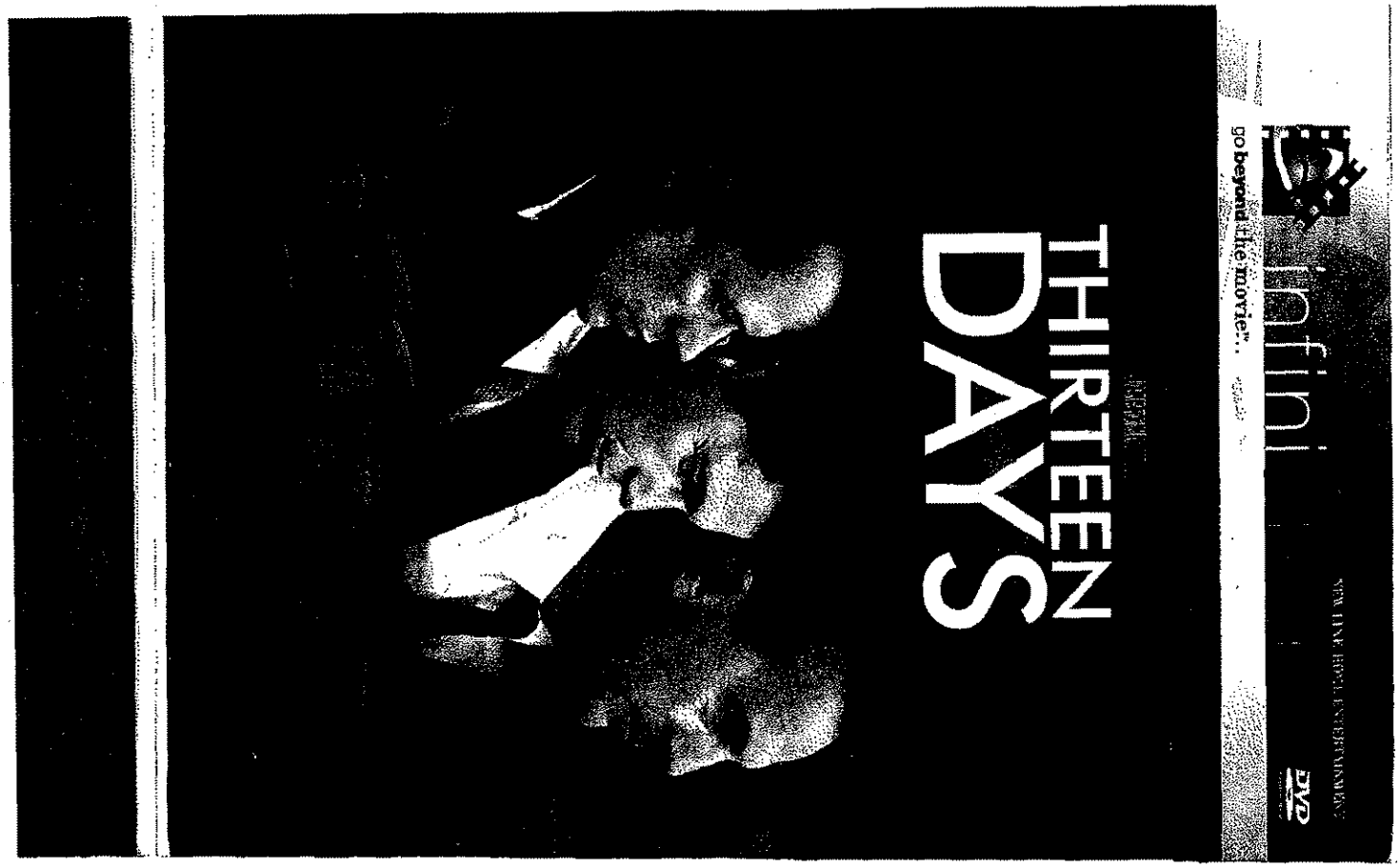
I, Dan Craig affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature — 9-17-15 **Date**

Morano, Lynn [DOC]

From: OHare, Kristen
Sent: Thursday, August 20, 2015 2:06 PM
To: Morano, Lynn [DOC]
Subject: Donated movie
Attachments: Lorenzo Howard.pdf

Donated by I/M Lorenzo Howards family.



Items:

Qty	Item	Locator	Condition	Price
1	Thirteen Days (Infinifilm Edition) SKU: mon0000093680 UPC: 794043520228 - DVDs	OMD-1-04-013-001-1263	Good	$0.01

Subtotal:	$0.01
Shipping:	$3.99
Total:	$4.00

Marketplace:	Amazon US
Order Number:	1293113
Ship Method:	Standard
Customer Name:	Lorenzo Howard #0802117
Order Date:	8/13/2015
Marketplace Order #:	111-6267466-7449066
Email:	fgypf2sr17svbjp@marketplace.amazon.com

Thanks for your order!

If you have any questions or concerns regarding this order, please contact us at servicemdal@hpb.com

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Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Gregory Ort, Interim Warden
Name

Same
Mailing Address (if different from above) — City, State, Zip (if different from above)

Email Address — Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Table to Table
Name

20 East Market Street — Iowa City, IA
Mailing Address — City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

September 3, 2015 — $2,961.22
Date of Gift or Bequest — Amount/Value*

*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Food for offender/patient consumption

Criteria to use this form:

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Statement of Affirmation:

I, Dan Craig affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature — 9-17-15 **Date**

Morano, Lynn [DOC]

From: Lowenberg, Janet [DOC]
Sent: Thursday, September 03, 2015 5:48 AM
To: Morano, Lynn [DOC]
Subject: Food Donations

Categories: Donations - Staff and Offender

Food Donated in August 2015

8/6/2015	23 dozen sweet corn x $1.50	= $ 34.50
8/20/2015	64 cases Flat Bread Crackers x $9.00	= 576.00
	408 serv. Pita Bread x $.19	= 77.52
	468 serv. 16 oz Orange Juice x $.30	= 140.40
	1296 serv. 16 oz. Lemonade x $.30	= 388.80
	240 gallons of Orange Juice x $3.00	= 720.00
	4096 serv 6.75 oz Lemonade x $.25	= 1024.00
	Total	$2,961.22

Janet